Black*

Virginia statistics reveal that significant disparities exist between populations. In 2005, Black males were 9 times (68.2 per 100,000) more likely to be diagnosed with HIV/AIDS compared to White males (7.2 per 100,000).

Black females were 20 times (37.7 per 100,000) more likely to be diagnosed with HIV/AIDS versus White females (1.9 per 100,000).

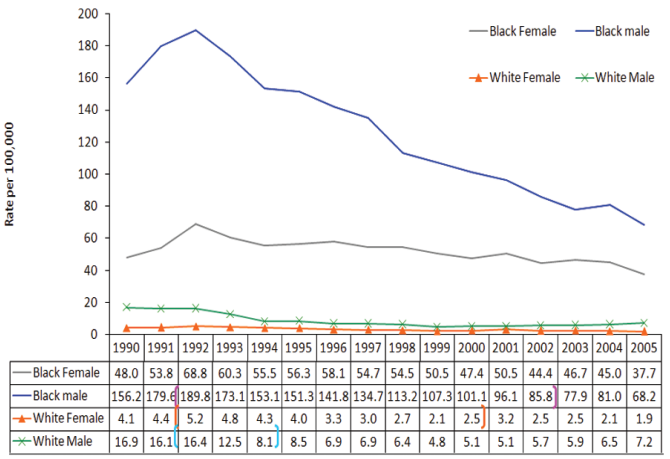
Disparities also exist in reported cases of STDs. In 2006, Blacks were 18.9 times more likely to be reported with gonorrhea, 7.4 times more likely to be reported with total early syphilis and 9.1 times more likely to be reported with chlamydia than Whites.

People that are black are disproportionately impacted by the HIV/AIDS epidemic. According to the CDC, in the United States, the HIV/AIDS epidemic is a "health crisis" for African Americans (CDC 2007). In 2005, Blacks made up approximately 12% of the US population, but 49% (18,121) of the estimated 37,331 new HIV/AIDS diagnoses in the United States (CDC, 2007). In 2005, non-Hispanic Blacks accounted for 20% of the Virginia population, but 62% of the 17,423 persons in Virginia living with HIV/AIDS .

Virginia statistics reveal that significant disparities exist between populations. In 2005, Black males were 9 times (68.2 per 100,000) more likely to be diagnosed with HIV/AIDS compared to White males (7.2 per 100,000). Black females were 20 times (37.7 per 100,000) more likely to be diagnosed compared to White females (1.9 per 100,000). Since 1992, the diagnosis rate among Black males has declined significantly from 189.8 per 100,000 to 68.2 in 2005. However, the diagnosis rates among Black females have not declined at a similar pace. In fact, since their peak in 1992, diagnosis rates for Black males, White males, and White females had been cut in half by 2002. This has not yet occurred for rates in Black females (Figure 1). In Figure 2, symbols are scaled by the yearly proportion of the total HIV/AIDS cases among Black females and White MSM. In 1983, Black females represented seven percent of the total diagnosed HIV/AIDS cases in Virginia, while White MSM represented 48%.

*In order to remain consistent with the HIV/AIDS reporting system, the term Black is used for analysis and reporting. Black is not limited to African Americans. It also includes African and Caribbean immigrants and others who self report as Black.

Figure 1 Comparison of HIV/AIDS rates by gender and race (1990-2005)



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Black Female	48.0	53.8	68.8	60.3	55.5	56.3	58.1	54.7	54.5	50.5	47.4	50.5	44.4	46.7	45.0	37.7
Black male	156.2	179.6	189.8	173.1	153.1	151.3	141.8	134.7	113.2	107.3	101.1	96.1	85.8	77.9	81.0	68.2
White Female	4.1	4.4	5.2	4.8	4.3	4.0	3.3	3.0	2.7	2.1	2.5	3.2	2.5	2.5	2.1	1.9
White Male	16.9	16.1	16.4	12.5	8.1	8.5	6.9	6.9	6.4	4.8	5.1	5.1	5.7	5.9	6.5	7.2

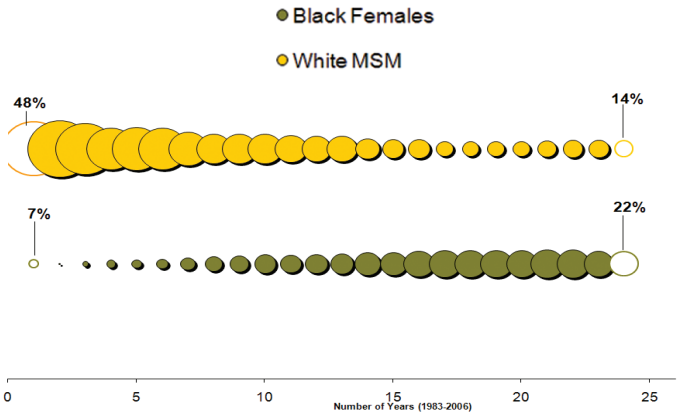
Interpretation: Arrows begin from 1992 (the year when all races saw the highest rates of HIV/AIDS partially due to a change in the case definition) and end on the year when rate was half of the 1992 value. For non-Hispanics White males and non-Hispanics White females, the halfing point occurred after 2 years and 8 years, respectively. For non-Hispanics Black males it occurred after 10 years. For non-Hispanics Black women, the halfing point has not occurred.

By 2006, the proportion of Black females grew to 22%, while the proportion of White MSM decreased to 14%. Although race and risk categories are not typically compared, White MSM and Black females were selected for this analysis to illustrate the proportional increase of Black females in comparison to the population typically attributed with the highest prevalence.

Risk Factors

Injection drug use is the second leading cause of HIV infection for both Black men and women. The CDC emphasizes that, in addition to being at risk from sharing needles, casual and chronic substance users are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs and alcohol (CDC Fact Sheet, 2007).

Figure 2 Proportional differences of diagnosed cases of HIV/AIDS between Black females and White MSM (1983-2006)



Having a STD greatly increases the chance of getting HIV and transmitting HIV. In 2006, Blacks had the highest rates of STDs in Virginia. Blacks were 28 times more likely to be diagnosed with gonorrhea, nine times more likely to be diagnosed with chlamydia and 7.4 times more likely to be diagnosed with total early syphilis than Whites (Figures 3, 4 and 5).

Socioeconomic issues and other social and structural influences affect the rates of HIV infection among Blacks. In 1999 nearly one in four Blacks were living in poverty (CDC, 2007). Socioeconomic problems associated with poverty, including limited access to high-quality health care, housing and HIV prevention education, may directly or indirectly increase the risk factors for HIV infection (CDC, 2007). Analysis by the Division of Disease Prevention (DDP) found that 86% of the HIV-positive reports diagnosed from the poorest census tracts in Virginia (those census tracts where 20-100% of the population lives below the federal poverty line) were among Blacks.

RESEARCH HIGHLIGHT: Dr. Rosalyn L. Cousar (Cousar,2006)
The lived experience of becoming and being HIV positive for African American women with children

The purpose of the research study was to explore and make visible the lived experience of becoming and being HIV positive for African American women with children and the meanings of the lived experience for the women as told in narrative or story form by the women themselves. A representative sample of the study was selected based on knowledge of the issues under study. The twelve participants in the study were HIV positive African American women with children.

The themes: the heavy burden of HIV, lightening the burden of HIV and steadfast faith gave meaning to living with HIV on a daily basis for study participants. The cultural experiences of gender, race, mothering and stigma had an impact on becoming and being HIV positive for the women in the study. These same factors are important to look at when seeking to engage and retain HIV positive African American women with children in the successful care and treatment of their illness. Valuing and encouraging patients' perspectives of illness fosters the development of a therapeutic and caring relationship between nurse and patient. Nurses can make a positive difference in winning the war on HIV by realizing the influence of culture on illness and wellness and the importance of utilizing patients' strengths when planning care.

Figure 3 Gonorrhea rates by race (1996-2006)

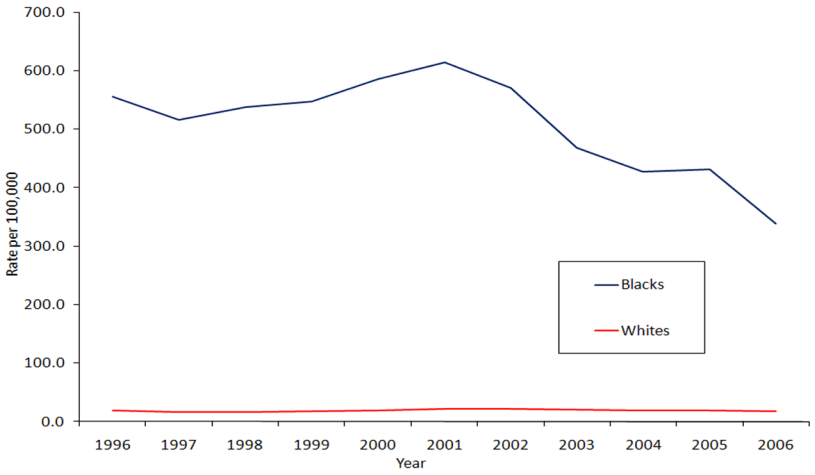


Figure 4 Chlamydia rates by race (1996-2006)

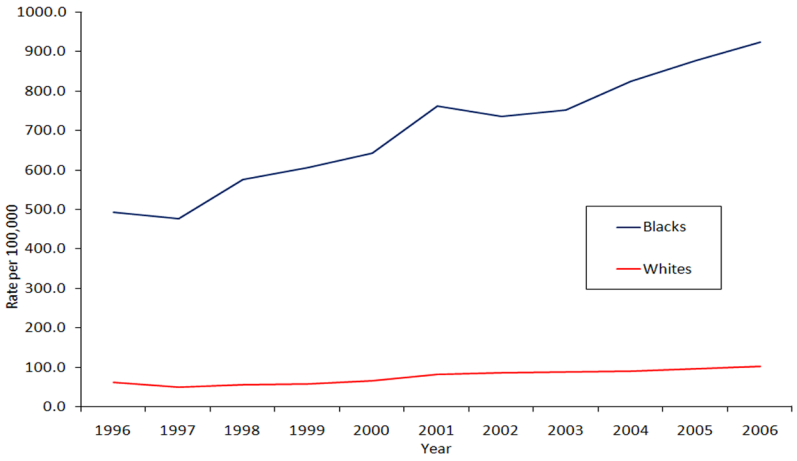
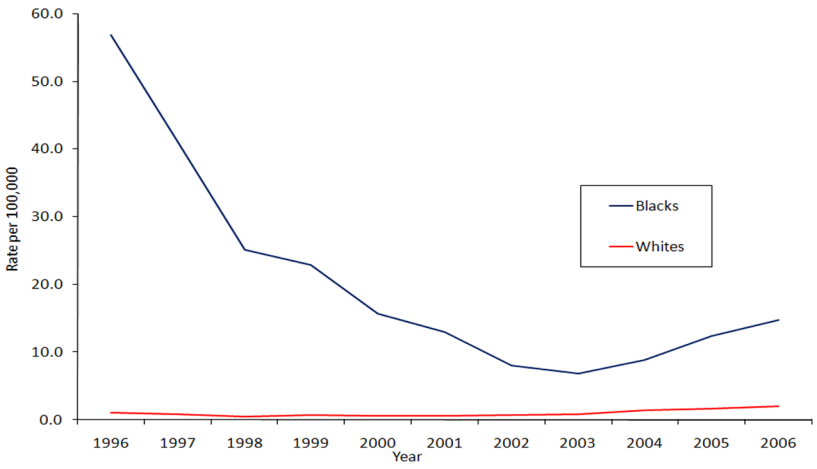


Figure 5 Total Early Syphilis rates by race (1996-2006)



The above mentioned barriers and risk factors are likely to present challenges for HIV prevention in the Black community and must be considered when developing an effective HIV prevention plan designed to substantially reduce HIV infection in the Black community.

REFERENCES

Cousar R.L. (2006). The Lived Experience of Becoming and Being HIV Positive for African America Women with Children. Doctoral dissertation, George Mason University, 2006, 190pp. Dissertation Abstracts International, University Microfilms No. 3194515

CDC. HIV/AIDS Among African Americans. [Fact Sheet]. Atlanta, Georgia. Retrieved October 15, 2007, from http://www.cdc.gov/hiv/topics/aa/ resources/factsheets/aa.htm

Additional Resources:

Centers for Disease Control and Prevention (2007). Fighting HIV among African Americans: A Heightened National Response. Retrieved July 11, 2007, from http://www.cdc.gov/hiv/topics/aa/cdc.htm

Fullilove, R. (2006). A Report from the National Minority AIDS Council, African Americans, Health Disparities and HIV/AIDS: Recommendations for Confronting the Epidemic in Black America. Retrieved July 27, 2007 from http://www.nmac.org/nmac2/PDF/NMAC%20advocacy%20Report_December%202006.pdf